



§483.25 QUALITY OF CARE F309 – RESIDENT RECEIVES CARE AND SERVICES

Based on QIS CE Pathway CMS-20072 – General
<http://www.aging.ks.gov/Manuals/QISManual.htm>

Use of this tool is not mandated by KDADS for regulatory compliance nor does its completion ensure regulatory compliance. It is a resident specific review tool for staff to complete on a resident who meets the selected Resident Criteria. Additional critical thinking skills should be applied for a thorough evaluation.

DATE DUE: _____

RESIDENT NAME: _____

DATE(S) OF COMPLETION: _____

STAFF COMPLETING RESIDENT REVIEW: _____

RESIDENT CRITERIA: Check criteria applicable to resident selected for review.

☐ Falls/Accidents

☐ Bowel Monitoring

☐ Other _____

CODING INSTRUCTIONS

- Review the resident's assessment and care plan to see if the resident's concerns and needs were identified and addressed.
- Observe the resident, the care s/he receives and conduct interviews of the resident/family/representative and staff to see if the resident is receiving appropriate care and services.
- Based on your findings
 - Check the appropriate box: Yes ☐ No ☐
 - If the item does not apply to the resident leave the box blank.

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Review ASSESSMENT

Does Care Area Assessment (CAA) specify or direct to documentation in clinical record (MDS, physician orders, therapy notes & other progress notes) that accurately and comprehensively assesses the resident's overall condition related to the need for care and services including the following:

- ☐ ☐ Description of condition, cause, and risk factors
- ☐ ☐ Impact of condition on resident's function and mood
- ☐ ☐ Physical, mental, and psychosocial needs and risk factors related to the condition and their impact on resident's function and mood
- ☐ ☐ Strengths and abilities of resident that can contribute to lessening impact of condition
- ☐ ☐ Causal and contributing factors of resident's resistance to care
- ☐ ☐ Rationale for care plan objective and goal

Review CARE PLAN

Care Plan:

- ☐ ☐ Has quantifiable, measurable objective with timeframes to be able to assess whether the objectives have been met
- ☐ ☐ Based upon resident's goals, needs, risks and strengths
- ☐ ☐ Based upon resident choices and preferences, and interdisciplinary expertise
- ☐ ☐ Reflects comprehensive assessment (MDS & CAA)
- ☐ ☐ Promotes resident dignity
- ☐ ☐ Consistent with current standards of practice
- ☐ ☐ Identifies interventions with sufficient specificity to guide provision of services and treatment
- ☐ ☐ When refers to nursing home protocol for condition, deviations from or revisions to protocol for resident are clarified
- ☐ ☐ Protocol referenced in care plan available to caregivers and staff familiar with protocol requirements

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Review CARE PLAN, REVISION

Resident's condition and effectiveness of care plan interventions monitored and care plan revisions based upon the following:

- ☐ ☐ Achieving outcome and/or effects of goals and interventions
- ☐ ☐ Decline or lack of improvement in condition identified in Resident Criteria section
- ☐ ☐ Failure to comply with care for condition identified in Resident Criteria section and alternative approaches developed
- ☐ ☐ Change in condition, ability to make decisions, cognition, medications, behavioral symptoms or visual problems
- ☐ ☐ Evaluation of resident's level of participation with and response to care plan
- ☐ ☐ Resident's refusal or resistance to services requiring alternative means address needs of condition identified in Resident Criteria section.

OBSERVE RESIDENT

Observe whether staff consistently implement the care plan over time and across various shifts.

- ☐ ☐ Care provided by qualified staff
- ☐ ☐ Care plan correctly implemented
- ☐ ☐ Staff followed current standards of practice in provision of care
- ☐ ☐ Resident free of any negative outcomes related to provision of care and services

INTERVIEW RESIDENT/FAMILY/REPRESENTATIVE

- ☐ ☐ Can you tell me about your current condition(s) or history of condition(s) or diagnosis (identified in Resident Criteria).
- ☐ ☐ Were you involved in the development of your care plan, approaches and goals?
- ☐ ☐ Do the care plan interventions reflect your choices and preferences?
- ☐ ☐ Are the care plan interventions effective?
- ☐ ☐ Do staff provide care according to your care plan?
- ☐ ☐ Have you ever refused any intervention or treatment related to your condition (identified in Resident Criteria)?
- ☐ ☐ Have you participated in any discussions about the potential impact of your refusal of any intervention or treatment?
- ☐ ☐ Did staff offer you other alternatives or other approaches when you refused the intervention or treatment?
- ☐ ☐ Were you involved in revising any care plan strategies & interventions, when the intervention or treatment did not work or you refused them?

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INTERVIEW NURSING STAFF

Code based on person verbalizing appropriate answers on the questioned issue.

- ☐ ☐ Tell me about the specific interventions for resident related to the condition (identified in Resident Criteria), including facility-specific guidelines/protocols. (Direct Care & Nurse)
- ☐ ☐ What, when, and to whom do you report changes in the resident's condition? (Direct Care)
- ☐ ☐ What process do you follow for monitoring implementation of the care plan? (Nurse)
- ☐ ☐ How do you determine the effectiveness of the care plan? (Nurse)
- ☐ ☐ What alternatives and other approaches are offered when resident refuses current interventions? (Nurse)
- ☐ ☐ If the resident is not on a restorative program, what is the rationale the resident could not benefit from a program? (Nurse)

INTERVIEW OTHER HEALTH CARE PROFESSIONALS

Complete if care provided or interventions defined do not appear to be consistent with recognized standards of practice. Interview one or more health care practitioners and professionals as necessary (e.g., physician, charge nurse, director of nursing, therapist) who, by virtue of training and knowledge of resident, should be able to provide information about causes, treatment and evaluation of resident's condition or problem. If there is a medical question, contact physician if he/she is the most appropriate person to interview. If attending physician unavailable, interview medical director.

Code based on practitioner or professional's provision of appropriate response to the following questions.

Identify staff interviewed and their title _____

- ☐ ☐ How were the chosen interventions determined appropriate?
- ☐ ☐ What was the rationale for lack of interventions for identified risks identified?
- ☐ ☐ What changes in the resident's condition justify additional or different interventions?
- ☐ ☐ How is the effectiveness of current interventions validated?

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AFTER REVIEW OF FINDINGS, QA COORDINATOR OR DESIGNEE SHOULD DETERMINE if facility:

- ☐ ☐ Recognized and assessed causal (cause) factors placing resident at risk for specific conditions and/or problems
- ☐ ☐ Defined and implemented interventions in accordance with resident needs, goals, and recognized standards of practice
- ☐ ☐ Monitored and evaluated resident's response to preventive efforts and treatment
- ☐ ☐ Revised approaches to care plan as appropriate

QA COORDINATOR OR DESIGNEE SHOULD ALSO DETERMINE

- ☐ ☐ If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes (to the extent possible) of the resident's condition and the impact upon the resident's function, mood, and cognition? F272
- ☐ ☐ Did the facility develop a plan of care with measurable goals and interventions to address the care and treatment related to the clinical diagnosis and/or the identified condition, in accordance with the assessment, resident's wishes, and current standards of practice? F279
- ☐ ☐ Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care? F282
- ☐ ☐ Did the facility reassess the effectiveness of the interventions and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident? F280

FOLLOW UP “NO” ANSWERS TO DETERMINE THE NEED FOR A CORRECTIVE ACTION PLAN AND REPEAT COMPLETION OF THE TOOL ON THE SAME RESIDENT WITHIN TWO WEEKS FOLLOWING IMPLEMENTATION OF CORRECTIVE ACTION.